



Last Updated: 03/09/2022

## **Prior Authorization transition information - change in Hospital Service Transition Date to KePRO - June 12th; one-time change in PA number for certain types of requests; Clarification of Outpatient Psychiatric Service Limits**

The purpose of this memorandum is to provide information regarding changes that will take place with the transition of prior authorization to KePRO.

### **CHANGES YOU WILL SEE WITH THIS TRANSITION**

1. Authorizations for Acute Hospital, including Inpatient Psychiatric and non-emergent scans will be submitted to KePRO starting **June 12, 2006** rather than June 5, 2006 as initially announced. Please continue to contact WVMi for these inpatient authorizations through **June 11, 2006**. Important transition dates to remember:
  - **May 22, 2006** - Outpatient Psych Services
  - **June 5, 2006** - Home Health, DME, Inpatient (Intensive) Rehab, Outpatient Rehab
  - **June 12, 2006** - Inpatient Acute, Inpatient Psych, Non-Emergent scans
  - **June 19, 2006** - Home & Community Based Waivers, Treatment Foster Care, Residential Treatment and Intensive In-Home extensions.
2. Since we are transitioning to a new system of prior authorization (PA), all requests received to modify an existing PA will be assigned a new PA number. This will be a one-time change. All PAs you have currently will continue in effect until you request a change or an extension to that PA. This will affect Mental Health, Home Health, Rehabilitation and Waiver service providers.



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3. To clarify Outpatient Psychiatric services and the new service limits that will be implemented on **May 22, 2006**:

a. A new patient seeking outpatient psychiatric services **DOES NOT** require a PA whether it is an adult or child *for the first 26 sessions in the first year of treatment*.

b. As of May 21, 2006, if a patient is currently being treated and has used 5 visits *but has not yet obtained a PA*, they DO NOT need to get a PA number until after 21 more visits. In this instance, they have a total of 26 visits to use before a PA is required within their anniversary year.

If the individual already has used their 5 visits under the previous service limits and have requested PA for additional visits, there is no need to request PA until these additional visits are used.

c. Children are allowed 26 visits in the first treatment year without a PA, and then after 26 visits, they may receive additional visits per year with prior authorization based on medical necessity.

d. Adults are allowed 26 visits in the first treatment year without PA. After they use the 26 visits in the first year of treatment, then they can obtain a PA which will allow them an additional 26 visits within that same first year of treatment. (This equates to a total of 52 visits for the first year - 26 without a PA, 26 with a PA.). After the first year of treatment, an adult can obtain a PA for up to 26 visits per treatment year - based upon the individual's anniversary date.



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- e. Different types of therapy (i.e. individual, group, family) all count toward the service limit of 26 visits. *CPT 90862 - Medication Management is NOT included in any of these visits.*

## **OTHER IMPORTANT INFORMATION TO KNOW**

- KePRO will be operating with expanded hours of operation, from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays). In addition, the following information will be helpful to you for continuation of services to Medicaid, FAMIS and FAMIS Plus eligible individuals.
- DMAS will relax the requirement of timely submission for those requests received at KePRO through July 31, 2006. This applies to dates of service from the date of KePRO implementation for that program. Starting August 1, 2006, timely submission for requests will again be applied and determinations will be made based on timeliness.
- KePRO will honor the submission of old forms up to July 31, 2006. Starting August 1, 2006, KePRO will reject requests that are submitted with old forms. Please see the DMAS website for current versions of forms.
- KePRO will accept requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method of submission for requesting PA is through iExchange. To submit requests via iExchange, log on to [DMAS.KePRO.org](https://dmas.virginia.gov/KePRO) and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number. Passwords will be issued weekly. If you choose to phone or fax your request to KePRO, your response will come back in the form of a fax.



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- Frequently asked questions (FAQs) are posted to the DMAS and KePRO websites with responses. Please take a minute to review these to help you better understand some of the issues surrounding this transition and continue to check back, as these are updated regularly.
-  Additional pre-recorded WebEx trainings will be available later this month. Keep checking the KePRO website [DMAS.KePRO.org](https://dmas.virginia.gov/KePRO.org) or the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) - look at the "What's New" section under Prior Authorization.
- You may download forms from the DMAS or KePRO website to request Outpatient or Inpatient services. Forms for waivers and specialized behavioral health will be posted on the web in the near future.
- Please visit the DMAS website to download changes to the provider manuals. The manuals have been updated for this transition.
- Medicaid memos regarding Outpatient Psych, DME, Home Health, and Rehab services are posted on [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

## Phase In Dates

- **May 22, 2006** - Outpatient Psych Services
- **June 5, 2006** - Home Health, DME, Inpatient (Intensive) Rehab, Outpatient Rehab
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- The following PAs excluded from this transition are: Pharmacy, Dental, Transportation, MR & Day Support Waivers, and MCOs. These services will continue through the current vendors. DMAS will continue PA for: Organ Transplants, Gastric Bypass, Cosmetic Procedures, Prostheses, and Alzheimer's Waiver Services.



## **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

## **KEPRO CONTACT INFORMATION**

You may contact KePRO through the following methods:

**Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884)

**Local Phone:** (804) 497-1333

**Fax:** 1-877-OKBYFAX (1-877-652-9329)

**Mail:** 2810 N. Parham Road, Suite 305, Richmond, VA 23294

## **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review



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current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

## **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.